

SATISFACTION SURVEY

NAME: _____
 DATE: _____
 COUNTY: _____

A Fake Provider wants to continually improve our services to you. We would appreciate a few moments of your time to respond to this satisfaction survey.

It is very important to us to hear your honest opinions and any additional comments about the services that you receive. Your feedback will help us know how we are satisfying your needs and how we may need to change. Please answer the statements and return to us.

The statements have a rating scale for your convenience. Please put an X in the blank that best describes your opinion. Please feel free to add any comments that you wish to add. It will help us better plan if you can clarify any low scores.

WORK SERVICES	RATING	Comments: Please comment for any response that you rate as Sometimes or No. (If extra space is needed, please use the back of the page.)
1. I like working in the facility.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
2. I can work on different jobs in the workshop.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
3. I feel safe in the facility.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
4. When there is no work, I like the activities I am offered to do.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
5. There is a variety of work and/or activities I can choose.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
6. The staff treats me with respect and dignity.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
7. The staff listen to me when I share my opinion or feelings.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments

SATISFACTION SURVEY

NAME: _____
DATE: _____
COUNTY: _____

A Fake Provider wants to continually improve our services to you. We would appreciate a few moments of your time to respond to this satisfaction survey.

It is very important to us to hear your honest opinions and any additional comments about the services that you receive. Your feedback will help us know how we are satisfying your needs and how we may need to change. Please answer the statements and return to us.

The statements have a rating scale for your convenience. Please put an X in the blank that best describes your opinion. Please feel free to add any comments that you wish to add. It will help us better plan if you can clarify any low scores.

HABILITATION SERVICES	RATING FACILITY	RATING COMMUNITY	Comments: Please comment for any response that you rate as Sometimes or No. (If extra space is needed, please use the back of the page.)
1. I like the activities I do in habilitation services.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
2. I am offered the opportunity to do the habilitation activities as identified in my PCISP.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
3. The staff asks me what I want to do when I do habilitation activities.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
4. I feel safe when I am with A Fake Provider staff.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
5. I learn new skills while in habilitation activities.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
6. The staff treat me with respect and dignity.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
7. The staff listen to me.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments

SATISFACTION SURVEY

NAME: _____
 DATE: _____
 COUNTY: _____

A Fake Provider wants to continually improve our services to you. We would appreciate a few moments of your time to respond to this satisfaction survey.

It is very important to us to hear your honest opinions and any additional comments about the services that you receive. Your feedback will help us know how we are satisfying your needs and how we may need to change. Please answer the statements and return to us.

The statements have a rating scale for your convenience. Please put an X in the blank that best describes your opinion. Please feel free to add any comments that you wish to add. It will help us better plan if you can clarify any low scores.

COMMUNITY EMPLOYMENT	RATING	Comments: Please comment for any response that you rate as Sometimes or No. (If extra space is needed, please use the back of the page.)
1. I like working at a job in the community.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
2. The amount of my paycheck is good.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
3. I understand the duties of my job.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
4. When I need help, I know who to ask.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
5. My supervisor and co-workers treat me with respect.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
6. I feel as if I am part of the team when I am at work.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
7. My employment specialist or follow along person maintains contact on a regular basis.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments

SATISFACTION SURVEY

NAME: _____
 DATE: _____
 COUNTY: _____

A Fake Provider wants to continually improve our services to you. We would appreciate a few moments of your time to respond to this satisfaction survey.

It is very important to us to hear your honest opinions and any additional comments about the services that you receive. Your feedback will help us know how we are satisfying your needs and how we may need to change. Please answer the statements and return to us.

The statements have a rating scale for your convenience. Please put an X in the blank that best describes your opinion. Please feel free to add any comments that you wish to add. It will help us better plan if you can clarify any low scores.

COMMUNITY LIVING	RATING	Comments: Please comment for any response that you rate as Sometimes or No. (If extra space is needed, please use the back of the page.)
1. I like where I live	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
2. I have input into how my house or apartment is decorated.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
3. I have an active voice in what activities I do in my free time.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
4. I feel safe and secure in my home.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
5. I feel I am active member of my community.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
6. The staff treats me with respect and dignity.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
7. The staff values my opinion.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments

SATISFACTION SURVEY

NAME: _____
 DATE: _____
 COUNTY: _____

A Fake Provider wants to continually improve our services to you. We would appreciate a few moments of your time to respond to this satisfaction survey.

It is very important to us to hear your honest opinions and any additional comments about the services that you receive. Your feedback will help us know how we are satisfying your needs and how we may need to change. Please answer the statements and return to us.

The statements have a rating scale for your convenience. Please put an X in the blank that best describes your opinion. Please feel free to add any comments that you wish to add. It will help us better plan if you can clarify any low scores.

IN HOME WAIVER	RATING	Comments: Please comment for any response that you rate as Sometimes or No. (If extra space is needed, please use the back of the page.)
1. I like the staff that comes to my home.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
2. The staff asks me what I want to do when we are in the community.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
3. I have input into the activities that are done in my home.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
4. I feel safe when staff take me into the community.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
5. I have input into what staff work with me.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
6. The staff treats me with respect and dignity.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
7. The staff values my opinion.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments

SATISFACTION SURVEY

NAME: _____
 DATE: _____
 COUNTY: _____

A Fake Provider wants to continually improve our services to you. We would appreciate a few moments of your time to respond to this satisfaction survey.

It is very important to us to hear your honest opinions and any additional comments about the services that you receive. Your feedback will help us know how we are satisfying your needs and how we may need to change. Please answer the statements and return to us.

The statements have a rating scale for your convenience. Please put an X in the blank that best describes your opinion. Please feel free to add any comments that you wish to add. It will help us better plan if you can clarify any low scores.

MUSIC THERAPY	RATING	Comments: Please comment for any response that you rate as Sometimes or No. (If extra space is needed, please use the back of the page.)
1. I like the staff that provides my music therapy.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
2. The staff asks me what I want to do during my music therapy.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
3. I have input into the activities that are done as part of my music therapy.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
4. I choose where I receive my music therapy.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
5. I have input into what I like and do not like as part of my music therapy.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
6. The staff treats me with respect and dignity.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments
7. The staff values my opinion.	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (1)	Comments

OTHER COMMENTS:

Are there other services/activities that A Fake Provider needs to offer?

We need your help in identifying any accessibility problems you may have. Please list things and/or places that is difficult for you to access in your community, facility, and/or home.

Please list things that bother you in your community, facility and/or home like – temperature, lighting, noise, and/or dust.

Do you have any additional comments, suggestions, and/or concerns?

I give A Fake Provider permission to share the information I have provided on this survey with agency staff and other service provides as needed: Yes No

Name of Person Assisting with Survey: (if applicable) _____

Relationship/Agency: (if applicable) _____

Date Completed: _____